

AO 440 (Rev. 12/09) Summons in a Civil Action

Summons and Complaint Return of Service

Case No. **Case:2:13-cv-14054**
 Hon. **Judge: Lawson, David M.**
MJ: Komives, Paul J.
Filed: 09-23-2013 At 09:37 AM
CMP FAITH ET AL V. SNYDER ET AL (DA)

A copy of the Summons and Complaint has been served in the manner indicated below:

Name of Party Served:

Roger Kahn

Date of Service:

*September 30, 2013***Method of Service**

____ Personally served at this address:

FILED
OCT 22 2013
CLERK'S OFFICE
DETROIT

____ Left copies at the usual place of abode with (name of person):

____ Other (specify):

certified mail

____ Returned unexecuted (reason):

Service Fees:

Travel \$

Service \$ *7.57* Total \$ *7.57***Declaration of Server**

I declare under the penalty of perjury that the information contained in this Return of Service is true and correct.

Name of Server:

Faith

Signature of Server:

Faith

Date:

Oct. 3, 2013

Server's Address:

*17568 Hartwell St.
 Detroit, Michigan 48235*

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: <i>Roger Kahn</i> <i>3177 Monticello</i> <i>Saginaw, MI</i> <i>48603</i></p>		<p>B. Date of Delivery (Printed Name) <i>NOV 14 2013</i> <i>3177 Monticello LN</i></p>	
		<p>C. Date of Delivery</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7013 2250 0001 7306 4434</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-154C	